



Evaluation of Highly Realistic Training for Navy Corpsmen: Results for Field Medical Training Battalion–West

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EXECUTIVE SUMMARY

In this study, a sample of corpsmen students attending Field Medical Training Battalion–West (FMTB–West) School participated in highly realistic training. The objectives of this study were to (1) assess the corpsmen participants' satisfaction with highly realistic training, and (2) assess the impact of highly realistic training on participants' self-efficacy (i.e., confidence), perceived readiness, and career intentions. Corpsmen participants expressed high levels of satisfaction with the training overall and with specific elements of the training. The aspect of the training that was rated highest by participants was the use of live actors. Comparisons of pretest and posttest survey responses revealed that the training produced significant increases in participants' levels of general, occupational, and task-specific self-efficacy, as well as their perceived readiness. Overall, these results suggest that highly realistic training is a useful and effective method for training corpsmen. It is suggested that highly realistic training be extended to other populations of military medical providers.

INTRODUCTION

Based on the success of the Infantry Immersion Trainer with infantry personnel (Office of Naval Research, 2007, 2008), similar training for Navy corpsmen was developed. Highly realistic, immersive training is typically scenario based, with the training environment uniquely crafted by subject matter experts to mimic the sights, sounds, and situations encountered during combat. The training includes pyrotechnics, battlefield special effects, combat wound effects, and professional actors. In addition, most actors wear a device called a cut suit, which consists of a false torso worn over the actor's real torso. The cut suit technology permits attending corpsmen to practice a variety of trauma care skills such as hemorrhagic control and needle thoracentesis, adding greater realism to the training. The actors are trained to display appropriate symptoms according to their assigned medical condition (e.g., respiratory distress, shock, blast wound), and to interact with corpsmen while receiving medical attention. Many of the actors who play the role of casualties are actual amputees, some of whom were injured in combat.

In this study, highly realistic training was implemented and evaluated in a sample of Navy corpsmen attending Field Medical Training Battalion–West (FMTB–West). The Navy has two FMTB schools: FMTB–West at Camp Pendleton, California, and FMTB–East at Camp Lejeune, North Carolina. Completion of training at either of these schools provides corpsmen with the Navy Enlisted Classification of HM–8404 (Field Medical Service Technician). With this occupation, 8404 corpsmen can be assigned to Marine Corps units, serving alongside Marines in combat deployments, other operational deployments, and/or nondeployed assignments. These corpsmen also can be assigned to Navy medical treatment facilities and other Navy platforms.

OBJECTIVES AND HYPOTHESES

The objectives of this study were to (1) assess the corpsmen participants' satisfaction with highly realistic training, and (2) assess the impact of highly realistic training on participants' self-efficacy (i.e., confidence), perceived readiness, and career intentions. We expected that participants would express a high level of satisfaction with the training and that the training would lead to a significant increase in the participants' self-efficacy, readiness, and career intentions.

METHODS

Sample

The sample consisted of 1,734 male Navy service members. All participants were corpsmen enrolled in FMTB–West. Because FMTB–West only trains male corpsmen, all study participants were male. Age of study participants ranged from 18 to 45 (mean = 22.5 years). Tenure in the Navy ranged from 6 months to 17 years (mean = 1.6 years). All participants were enlisted (i.e., none were officers). Paygrades ranged from E-1 to E-7; the majority of the participants were in paygrades E-2 (20.2%) or E-3 (47.1%). Sample sizes for specific analyses ranged from 1,173 to 1,734 (due to missing data). The participants were predominantly white/Caucasian (49%), with smaller proportions of Asian (12%), Black (10%), Hispanic (5%), and other race groups. Nearly a quarter of participants (24%) self-reported “mixed or multiple races.”

Description of the Training

This project provided highly realistic, immersive training to corpsmen students enrolled in FMTB–West School between February 2013 and September 2014. The training took place in a Military Operations in Urban Terrain (MOUT) town, a mock village located at Camp Pendleton. Actors, props, and special effects (such as explosions) were used to augment the MOUT town’s existing infrastructure. The training was based on preplanned scenarios and involved actors who were trained to display appropriate symptoms according to their assigned medical condition. Special effects were used to replicate the sights, sounds, and smells of combat. The training was designed to test the students’ Tactical Combat Casualty Care (TCCC) as well as their basic infantry skills. The training was part of the corpsmen’s final exercise for the FMTB course.

In the context of this project, highly realistic training involved the following components: “6 in 1” mannequins on which corpsmen practiced TCCC procedures, including insertion of nasal tubes, cricothyroidotomy, and needle thoracentesis; professional actors who play the role of patients with specific medical problems (e.g., uncontrolled bleeding, respiratory distress); combat conditions generated through the use of special effects (e.g., explosions); and scenarios designed to depict real-life, operational situations. In each scenario, corpsmen had to react to mock casualties portrayed by professional actors. Some actors wore a device called a “cut suit,” which is a false torso that fits over the actor’s real torso, allowing corpsmen to practice hands-on medical care.

During the training, each student participated in two different training scenarios with other members of their squad (approximately 15–22 students). Each scenario lasted approximately 30 minutes. At the beginning of each scenario, students were assigned specific roles, including primary medical caregiver (corpsman), fire team, litter bearer, security, and squad leader. After each training scenario, instructors gave a debriefing during which they provided feedback to students on their mastery of medical care and infantry skills.

Procedures

To evaluate the impact of the training, corpsmen participants were asked to complete pretest and posttest surveys. Pretests were completed about 6–7 weeks before the training; posttests were administered about 1 week after the training. Thus, the time interval between the pretests and posttests was approximately 7–8 weeks. Pretests and posttests were completed in large classroom settings at the FMTB–West School. To allow for matching of pretests and posttests, participants' names were requested, but confidentiality was assured.

Participation in the study was voluntary, and signed consent was provided by all participants. All corpsmen students received the training as part of their training at FMTB–West, regardless of whether they participated in the study (i.e., completion of pretests and posttests). Study procedures were approved by the Naval Health Research Center's institutional review board.

Measures

The pretest assessed demographics, self-efficacy (general self-efficacy, occupational self-efficacy, and task-specific self-efficacy), perceived readiness, career intentions, and other factors. The posttest assessed the same factors as the pretest, but also assessed satisfaction with the training (training satisfaction items) and perceived benefits of the training.

General self-efficacy. General self-efficacy is an individual's sense of confidence that he or she can perform desired actions and can successfully cope with a broad range of challenging situations and demands. We assessed general self-efficacy with the widely used 10-item General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995). We used a different response scale than is used in the original GSE. Whereas the original GSE uses a 4-point response scale, we presented each item with a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*). Sample items included: "I can usually handle whatever comes my way" and "I can solve most problems if I invest the necessary effort." A general self-efficacy scale was created by summing across all scale items ($\alpha = 0.90$).

Occupational self-efficacy. Occupational self-efficacy is an individual's sense of confidence that he or she can execute the skills and duties required by his or her occupation. A scale assessing occupational self-efficacy for corpsmen was developed specifically for this study (9 items). Each item is rated on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*). Sample items included: "I am confident that I will be able to provide quality medical care under pressure" and "I am confident that I will be able to work well in a team environment." This scale measures the participant's overall confidence that he or she can perform competently as an 8404 corpsman. An occupational self-efficacy scale was formed by summing across all scale items ($\alpha = 0.95$).

Task-specific self-efficacy. Task-specific self-efficacy is an individual's sense of confidence that he or she can execute specific tasks related to his or her occupation. A scale assessing task-specific self-efficacy was developed specifically for this study (9 items). The scale consists of items asking participants to rate how confident they are in performing specific

medical skills that are considered core competencies for 8404 corpsmen. Each item is rated on a 5-point scale ranging from 1 (*I don't think I can do it*) to 5 (*I'm very sure I can do it*). Sample items included: “Rate how sure you are that you could manage hemorrhage control” and “Rate how sure you are that you could perform airway management.” A task-specific self-efficacy scale was created by summing across all scale items ($\alpha = 0.90$).

Career intentions. Career intentions were assessed using a single item: “If you could stay on active duty as long as you want, how likely is it that you would serve in the Navy as a corpsman for at least 20 years?” Responses were made on a 5-point scale, ranging from 1 (*very unlikely*) to 5 (*very likely*). This item was adapted from a career intentions item that has been widely used in other military surveys.

Perceived readiness. Perceived readiness was measured using a 5-item scale that was developed specifically for this study. Each item is rated on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*). Sample items included: “Rate the degree to which you feel prepared to combat deploy with a Marine Corps unit” and “Rate the degree to which you feel prepared to not choke or make mistakes.” A perceived readiness scale was created by summing across all scale items ($\alpha = 0.92$).

Training satisfaction and perceived benefits of the training. Items assessing satisfaction with the training and perceived benefits of the training were developed specifically for this study. Sample items included: “The training was a good test of my overall corpsman skills set” and “Did the training strengthen your confidence about your ability to provide medical care?” The survey also included the following open-ended questions: “What did you like the most about the training?” and “What suggestions do you have for improving the training?”

Demographics. The pretest and posttest asked for information on participants' gender, age, race/ethnicity, paygrade, and tenure in the Navy.

RESULTS

Satisfaction With the Training

In the posttest, FMTB–West students were asked about their overall satisfaction with the training and their satisfaction with specific aspects of the training. Satisfaction with the training overall was high, with a mean rating of 4.11 on a 5-point scale (Table 1). This indicated an average rating falling between “good” and “excellent.” The majority of the participants gave the training a global rating of “excellent” (40.8%) or “good” (35.5%). Mean ratings of specific elements of the training were also fairly high, ranging from a high of 4.44 for the use of role players/actors to a low of 3.96 for sense of realism.

One set of items on the posttest asked respondents to assess perceived benefits of the training. Respondents rated five different factors: (1) their overall confidence about being a successful corpsman, (2) their general corpsman medical skills, (3) their infantry skills, (4) their ability to perform in an operational environment, and (5) their ability to provide medical care under

pressure. The response scale for this set of items ranged from 1 (*not at all*) to 5 (*extremely*). These results are shown in Table 2. For all five of these items, the majority of the respondents stated that the training had been “extremely” or “very” beneficial. Mean ratings for the benefits of the training were fairly high, ranging from 3.88 for overall confidence about being a successful corpsman to 3.62 for general corpsman medical skills.

The posttest included questions assessing participants’ satisfaction with the training (see Table 3). The majority of the sample either strongly agreed (55.1%) or agreed (24.0%) with the item, “I really enjoyed the training and would like to participate in additional trainings like it.” Most respondents strongly agreed (34.6%) or agreed (31.1%) that “The training was a good test of my overall corpsman skills set.”

Most participants felt that the training had given them a sense of accomplishment: the majority gave ratings of “extremely,” “very,” or “moderately” for this item. Similarly, most of the participants indicated that the training had strengthened their confidence in their ability to provide medical care (Table 3).

The posttest included the following open-ended questions: “What did you like the most about the training?” and “What suggestions do you have for improving the training?” Representative responses to these questions are shown in Table 4. In response to the question that asked participants what they liked most about the training, the most common theme involved the use of live actors. A representative comment was, “My favorite part was having live actors because it made everything more realistic.” Two other common themes in response to this question were that participants liked having the chance to apply the medical skills they had learned and the overall sense of realism. Additionally, some responses to this question were broad in nature (e.g., “The use of actors added depth to the training unlike any I’ve received in the military”) or touched on the fact that the training made them realize the importance of their work as corpsmen (“The live actors really put into perspective how important all of this is”).

The most common theme in response to the question, “What suggestions do you have for improving the training?” was that the training should be longer, with more scenarios (Table 4). Another common suggestion was that everyone should be given the opportunity to play the role of corpsman or to provide direct medical care during the training. Other frequent suggestions were that there should be more special effects, that the training town should be made larger, and that more role players/actors should be utilized. In general, most of the suggestions for improving the training revealed that participants thought that the training should be expanded, lengthened, or enhanced in some way.

Impact of the Training on Self-Efficacy, Perceived Readiness, and Career Intentions

An important objective of this study was to determine the impact of highly realistic training on the corpsmen students’ level of self-efficacy (i.e., confidence), perceived readiness, and career intentions. Paired sample *t* tests were performed to determine if pretest and posttest scores differed significantly for the following variables: general self-efficacy, occupational self-

efficacy, task-specific self-efficacy, perceived readiness, and career intentions. These results are shown in Table 5.

Consistent with our expectations, scores on general, occupational, and task-specific self-efficacy were significantly higher after the training than before (all p 's < 0.01). The increase from pretest to posttest was particularly large for the task-specific self-efficacy scale, which measured participants' confidence about performing specific medical procedures. The scores on the task-specific self-efficacy scale increased from a mean of 26.27 to a mean of 40.07.

For perceived readiness, the analysis revealed that readiness was significantly higher after the training than before ($p < 0.01$). This is also consistent with our expectations. On the career intentions item, however, the difference was not in the expected direction. Participants expressed a lower level of career intentions (i.e., intentions to stay in the Navy for 20 years) after the training than before ($p < 0.01$). However, it should be kept in mind that this effect was small, representing a change of only one-tenth of a point on a 5-point response scale.

DISCUSSION

The key objectives of this study were to assess corpsmen participants' satisfaction with highly realistic training and to determine the impact of the training on their self-efficacy, perceived readiness, and career intentions. Participants expressed high levels of satisfaction with the training overall and with specific elements of the training. Most of the participants reported that the training strengthened their confidence about being successful corpsmen and about their ability to provide medical care under pressure. When asked what they liked the most about the training, the most common response was the use of live actors. The most common suggestion for improving the training was to make it longer, with more scenarios, or to enhance it in some other respect (e.g., increase the use of special effects).

Comparisons of pretest and posttest surveys revealed that participants' levels of general, occupational, and task-specific self-efficacy as well as perceived readiness were significantly higher after the training than before. These results suggest that highly realistic training had a positive impact on the students' self-efficacy and readiness. It should be noted that participants' other experiences could also have affected their posttest scores, given that the time interval between the pretests and posttests was 7–8 weeks. However, it is likely that the training made a contribution to the increased levels of self-efficacy and readiness that were observed in the data.

An unexpected finding was that career intentions decreased slightly but significantly between assessments. It is possible that the highly realistic training provided participants with a “realistic job preview” of the corpsman occupation, thereby producing a small decrease in their military career intentions. The training may have made the negative aspects of being a corpsman more salient to participants than they were before. Also, other experiences that occurred between the pretest and posttest could have contributed to the small but significant decrease in career intentions.

Overall, the results of this study revealed high levels of satisfaction with highly realistic training. Additionally, the study provided evidence that highly realistic training improved corpsmen students' confidence and sense of readiness. The strongest effect was found for task-specific self-efficacy, which involves a corpsman's confidence about performing specific hands-on medical procedures. Considered together, the training satisfaction and pretest/posttest results suggest that the training was both effective and well-received by the participants. Although no objective measures of performance were available, the results are very promising.

In conclusion, highly realistic training appears to be an effective way to train and prepare Navy corpsmen. The use of effective simulation training methods, such as highly realistic training, may ultimately result in corpsmen who are better able to deliver high-quality medical care in a variety of settings (e.g., combat zones). Moreover, the use of highly realistic, immersive training and other effective medical simulation training methods is consistent with the goal of the Department of Defense to reduce the use of medical training that relies on live animals (House of Representatives, 2013).

The Navy has only recently begun to utilize highly realistic, immersive training for corpsmen. To our knowledge, this is the first project to implement and evaluate this type of training for Navy corpsmen. Based on the promising results of this study, additional research is needed to examine the long-term impact of highly realistic training on corpsman performance and delivery of care. Additionally, it is hoped that the training can be extended to other groups of military medical providers (e.g., physicians, nurses) and also adapted to help newly formed military medical teams (e.g., physicians, nurses and corpsmen) learn to function smoothly and cohesively. This is an important area to explore because research suggests that functioning well as a medical team is a skill that must be trained and fine-tuned (Baker, Salas, King, Battles, & Barach, 2005), and because even small improvements in team functioning could lead to large reductions in medical errors.

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Table 1. Participants’ Ratings of the Training: Overall and Specific Aspects

Rated Item	Poor/Fair ^a	Satisfactory	Good	Excellent	Mean Rating
Training overall	5.2%	18.4%	35.5%	40.8%	4.11
Use of role players/actors	2.2%	10.4%	27.4%	59.9%	4.44
Mock battle setting	7.7%	18.1%	30.3%	44.0%	4.08
Combat action scenarios	8.1%	19.0%	31.0%	41.9%	4.04
Special effects	6.5%	18.4%	29.5%	45.7%	4.12
Sense of realism	9.8%	19.8%	31.9%	38.5%	3.96

Note. Participants were asked: “Please rate how much you liked the training and specific parts of the training.”

^aResponses of “poor” and “fair” were combined.

Sample sizes for this table ranged from 1,320 to 1,328.

Table 2. Participants’ Perceptions of Training Benefits

Survey Item	Not at all/ Somewhat ^a	Moderately	Very	Extremely	Mean Rating
Your overall confidence about being a successful corpsman	10.5%	18.1%	39.6%	31.7%	3.88
Your general corpsman medical skills	17.5%	19.5%	36.9%	26.1%	3.62
Your infantry skills	14.0%	23.3%	38.1%	24.6%	3.68
Your ability to perform in an operational environment	7.5%	20.8%	43.3%	28.3%	3.90
Your ability to provide medical care under pressure	13.9%	16.6%	39.4%	30.1%	3.78

Note. Participants were asked: “To what degree did the training benefit...?”

^aResponses of “not at all” and “somewhat” were combined.

Sample sizes for this table ranged from 1,337 to 1,344.

Table 3. Responses to Other Items Assessing Satisfaction With the Training

Survey Item	Disagree ^a	Neutral	Agree	Strongly Agree	Mean Rating
I really enjoyed the training and would like to participate in additional trainings like it.	7.2%	13.8%	24.0%	55.1%	4.24
The training was a good test of my overall corpsman skills set.	15.1%	19.3%	31.1%	34.6%	3.80
	Not at all/ Somewhat ^b	Moderately	Very	Extremely	Mean Rating
The training has given me a sense of accomplishment.	18.9%	26.8%	36.0%	18.3%	3.45
Did the training strengthen your confidence about your ability to provide medical care?	16.8%	21.6%	40.8%	20.9%	3.58

^aResponses of “strongly disagree” and “disagree” were combined.

^bResponses of “not at all” and “somewhat” were combined.

Sample sizes for this table ranged from 1,317 to 1,345.

Table 4. Responses to Open-Ended Survey Items (Representative Comments)

What Participants Liked Most About the Training

The use of actors added depth to the training unlike any I've received in the military.

My favorite part was having live actors because it made everything more realistic.

Actors created a believable and realistic setting.

Live actors who provided a more realistic feel to how things really happen in the field.

The live actors really put into perspective how important all of this is.

Actually getting to practice what we learned in a live scenario.

The chaotic environment and complete disarray really provided a good challenge.

Being able to apply learned skills.

The overall culmination of the MOUT training was a great eye-opener, and I was able to gauge myself as an FMF corpsman for the first time.

The fact that the patient would respond to your treatments and you could see your interventions work.

It was the most realistic training I have gone through to date.

The sense of realism, stress, urgency, and training all played a part in helping my confidence and abilities to perform.

The realistic scenarios.

The effects and environment make it all feel realistic.

Table 4. (continued)

Participants' Suggestions for Improving the Training

Give more scenarios and more time at MOUT.

Do the training multiple times, so that everyone can be the corpsman.

Lengthen the time so that more people get the chance to go through every role.

Getting more of the cut-suits so we get more “life-like” training.

Have more special effects for a more realistic setting.

More distractions, gun fire, explosions.

More emphasis on communication and movement.

More exposure to the cut suits and scenarios—we as a whole greatly benefited from that.

Simply more training like this—it would be nice to have time to become more proficient at it.

More patients and a bigger town.

Add more injuries, casualties, distracters.

Just having more of the MOUT training.

Make sure everyone knows their role.

More patients and a bigger town.

Table 5. Impact of the Training: Comparison of Pretest and Posttest Scores

Scale	Pretest Score	Posttest Score	Paired <i>t</i> test	Significance
General self-efficacy	40.75	41.48	−5.56	$p < 0.01$
Occupational self-efficacy	36.17	38.40	−11.07	$p < 0.01$
Task-specific self-efficacy	26.27	40.07	−57.67	$p < 0.01$
Perceived readiness	16.33	18.79	−16.96	$p < 0.01$
Career intentions	3.50	3.36	4.58	$p < 0.01$

Sample sizes for this table ranged from 1,173 to 1,247.

REPORT DOCUMENTATION PAGE

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